| STATE OF SOUTH CAROLINA) | IN THE PROPATE COURT |
|---------------------------------------|---|
| COUNTY OF RICHLAND) | IN THE PROBATE COURT |
| | CASE NO: |
| IN THE MATTER OF THE ESTATE FOR |) |
| - Petitioner(s), | |
| VS. | SUMMONS |
| Respondent(s) |).)) |
| TO THE RESPONDENTS LISTED A | ABOVE: |
| | NED and required to Answer the Petition in this action, a copy of and to serve a copy of your Answer upon the Petitioner(s) listed |
| (Name, Fixint) | |
| (Street address or mailing | ng address, PRINT) |
| (City, State, and zip cod | le, PRINT) |
| | Petitioner at the above address within thirty (30) days after the upon you, exclusive of the day of such service; and if you fail to |
| Answer the Petition within that time, | the Petitioner(s) will ask the Court for a judgment by default for |
| the relief demanded in the Petition. | |
| | Signature of Petitioner(s) |
| Date: | |

| STATE OF SOUTH CAROLINA |) IN THE PROBATE COURT |
|---|--|
| COUNTY OF | *PETITION FOR REVIEW: EMPLOYMENT |
| IN THE MATTER OF: | COMPENSATION CASE NUMBER: |
| (Decedent) |) |
| Petitioner(s) vs. | |
| Respondent(s) | |
| persons as set forth therein. | ns named in the annexed schedule and the compensation for said the persons, agents, and/or Personal Representative(s) as set forth in ersons as required by law. |
| Executed this day of | of, 20 |
| | Signature: Print Name: Address: ephone (Work): (Home): (Cell): Email: eccedent/Estate: Attorney: Address: Telephone: |
| A SUMMONS (FORM SCCA 401PC) | Email: |
| | ORDER |
| IT IS HEREBY ORDERED that the above petition is [| GRANTED DENIED as follows: |
| Executed this day of | of, 20 |
| - | , Probate Court Judge |